



Rollover Account Investment Direction Form

Instructions for Completing this Form

Please Read Carefully

IMPORTANT:

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information..
4. Return the completed form directly to PERF at the address below.

PRIVACY NOTICE

Your Social Security Number is requested by this agency in accordance with the requirements of Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

General Information

This form is only for use with a Rollover Account. It may not be used for your Annuity Savings Account

You have the right to change your investment direction at any time while you maintain a balance in your Rollover Account. However, your change will not take effect until the first day of the next calendar quarter: January 1, April 1, July 1, or October 1. This form must be received at least thirty (30) days prior to the date it is to take effect. If you leave PERF-covered employment, and leave your money with the Fund, you still retain the right to direct the investment of your account.

This form revokes and replaces all previous investment directions for your Rollover Account. In choosing your investment directions, please make sure the percentages total 100%, or the form will be returned. Investments may only be made in increments of 10%. This form must be correctly completed and signed in order to take effect.

Step 1: MEMBER INFORMATION

Member's Social Security Number: Enter all nine digits of your Social Security Number. Your application will not be processed without this information.

Member's Name: Enter your first, middle initial, and last name.

Member's Address: Enter your full street address including apartment number or PO Box number.

City: Enter the city.

State: Enter the state.

ZIP Code: Enter your five or nine-digit ZIP code.

Member's Phone Number: Enter your telephone numbers, beginning with area code. Please provide separate day and evening phone numbers.

E-mail address: Enter your E-mail address, if you have one.

Step 2: ROLLOVER ACCOUNT INVESTMENT DIRECTIONS

Mark the box for the appropriate percentage with an X or check mark (✓). Do not mark more than one box on any line.

Your selections must total one hundred per cent (100%) or this form will be returned.

Important: The statute which created the Rollover Account investment option did not authorize investment of this money in the Guaranteed Fund. You cannot invest your Rollover Account in the Guaranteed Fund.

STEP 3: MEMBER CERTIFICATION

After you have completed selecting your investment directions, SIGN AND DATE THE FORM.

RETURN THE FORM TO PERF

Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the Public Employees' Retirement Fund at the following address:

**Public Employees' Retirement Fund
143 West Market Street
Indianapolis, IN 46204**

If you have not received a confirmation notice within 3 weeks of mailing this form, please call PERF toll-free at 888-526-1687.

MEMBER NOTE: CHANGES TO INFORMATION –

IF YOU HAVE ANY CHANGES TO ANY OF THE INFORMATION ON THIS FORM SUCH AS NAME OR ADDRESS, PLEASE IMMEDIATELY NOTIFY PERF AT THE ADDRESS ABOVE. THIS IS TO ENSURE THAT YOU RECEIVE CORRECT AND IMPORTANT INFORMATION REGARDING YOUR ROLLOVER ACCOUNT IN THE FUTURE.

HELPFUL INFORMATION

PERF TELEPHONE NUMBERS:

Indianapolis & vicinity (317) 233-4162
Toll-Free Number 1-(888) 526-1687
TDD (hearing impaired number) (317) 233-4160
FAX Number (317) 232-1614
PERF on the Internet: www.state.in.us/perf
PERF MEMBER HANDBOOK (latest edition)
PERF ANNUITY SAVINGS ACCOUNT INVESTMENT HANDBOOK

INTERNAL REVENUE SERVICE:

TELEPHONE NUMBERS:
Toll-Free Number 1-(829) 829-1040
TDD (hearing impaired number) 1-(800)-829-4059
Tele Tax 1-(800)-829-4477
IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION
IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS
IRS WEBSITE: www.irs.gov

INDIANA STATE DEPARTMENT OF REVENUE (DOR)

TELEPHONE NUMBERS:

Indianapolis & vicinity (317) 233-4018

TDD (hearing impaired number) (317) 233-4952

Fax Number (317) 233-2329

Individual Income Tax Questions (317) 232-2240

Outside of Indianapolis – See DOR Website

DOR WEBSITE: www.in.gov/dor

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

INSTRUCTIONS:

1. Please TYPE or PRINT. Use black ink.
2. Return the completed form directly to PERF.

Member Information

Social Security Number

____ - ____ - ____

First Name

MI

Last Name

Address

City

State

ZIP Code

Day Phone

Evening Phone

E-mail Address

ROLLOVER ACCOUNT INVESTMENT DIRECTIONS

All investment choices in this box must total 100%

	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S&P 500 Index Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Small Companies Stock Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Equity Index Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I revoke any previous investment directions for my Rollover Account and hereby direct the above investments, effective this date. I understand that these investment directions are for my Rollover Account only and will not affect the investment of my Annuity Savings Account.

Member Signature

Date (MM/DD/YYYY)